

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		131970.74
(b) Cash on Hand at Beginning of Reporting Period.....	148440.82	
(c) Total Receipts (from Line 19)	24174.44	150644.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	172615.26	282615.26
7. Total Disbursements (from Line 31).....	10000.00	120000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	162615.26	162615.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23351.44	106473.81
(ii) Unitemized	823.00	44170.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24174.44	150644.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24174.44	150644.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24174.44	150644.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24174.44	150644.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	86500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	33500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	120000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	120000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24174.44	150644.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24174.44	150644.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Nicholas Abid		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13864
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

Full Name (Last, First, Middle Initial) B. Nicholas Abid		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14072
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1634.55	

Full Name (Last, First, Middle Initial) C. Nicholas Abid		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14276
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Harvey D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13816

Amount of Each Receipt this Period

38.46

B. Harvey D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14024

Amount of Each Receipt this Period

38.46

C. Harvey D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14227

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lawrence D. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13894
 Amount of Each Receipt this Period
 192.30

B. Joseph Anselmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13809
 Amount of Each Receipt this Period
 20.83

C. Joseph Anselmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14017
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....▶	233.96
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Joseph Anselmo
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14220

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
20.83				

B. Norma I. Asencio
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13709

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
19.23				

C. Norma I. Asencio
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13917

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
19.23				

SUBTOTAL of Receipts This Page (optional).....▶	59.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Norma I. Asencio

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14121

Amount of Each Receipt this Period
92.23

Full Name (Last, First, Middle Initial)
B. Angel L. Ballew

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13817

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Angel L. Ballew

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14025

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **96.15**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Angel L. Ballew
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14228
 Amount of Each Receipt this Period **38.46**

B. Richard O. Banner
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **738.40**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13862
 Amount of Each Receipt this Period **46.15**

C. Richard O. Banner
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **784.55**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14070
 Amount of Each Receipt this Period **46.15**

SUBTOTAL of Receipts This Page (optional)..... **130.76**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Richard O. Banner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14274

Amount of Each Receipt this Period

84.61

B. Lisa A. Bartley
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13710

Amount of Each Receipt this Period

19.23

C. Lisa A. Bartley
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13918

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	84.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14122

Amount of Each Receipt this Period
92.23

Full Name (Last, First, Middle Initial)
B. Robert A. Beck

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13865

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Robert A. Beck

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14073

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **211.53**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Robert A. Beck
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14277

Amount of Each Receipt this Period
96.15

B. Lucy Berenguer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13711

Amount of Each Receipt this Period
19.23

C. Lucy Berenguer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13919

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lucy Berenguer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14123

Amount of Each Receipt this Period
19.23

B. Bruce A. Bershad
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13920

Amount of Each Receipt this Period
19.23

C. Bruce A. Bershad
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14124

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Sean L. Bird
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13713

Amount of Each Receipt this Period
19.23

B. Sean L. Bird
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13921

Amount of Each Receipt this Period
19.23

C. Sean L. Bird
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14125

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Scott B. Black
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13818

Amount of Each Receipt this Period
38.46

B. Scott B. Black
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14026

Amount of Each Receipt this Period
38.46

C. Scott B. Black
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14229

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Jason T. Bollent		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13714
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) B. Jason T. Bollent		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13922
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) C. Jason T. Bollent		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14126
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Michelle D. Bronson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13715
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="307.68"/>		

Full Name (Last, First, Middle Initial) B. Michelle D. Bronson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13923
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="326.91"/>		

Full Name (Last, First, Middle Initial) C. Michelle D. Bronson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14127
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="346.14"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Laura A. Buckley		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13819
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="38.46"/>
	<input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) B. Laura A. Buckley		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14027
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="38.46"/>
	<input type="text" value="269.22"/>	

Full Name (Last, First, Middle Initial) C. Laura A. Buckley		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14230
Name of Employer WellCare Health Plans, Inc.	Occupation health care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="38.46"/>
	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Alan A. Buffenstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13716

Amount of Each Receipt this Period
19.23

B. Alan A. Buffenstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13924

Amount of Each Receipt this Period
19.23

C. Alan A. Buffenstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14128

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Kenneth A. Burdick		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13895
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2115.30	

Full Name (Last, First, Middle Initial) B. Kenneth A. Burdick		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14101
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

Full Name (Last, First, Middle Initial) C. Kenneth A. Burdick		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14305
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. John Burke		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13866
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1538.40"/>	

Full Name (Last, First, Middle Initial) B. John Burke		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14074
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1634.55"/>	

Full Name (Last, First, Middle Initial) C. John Burke		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14278
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1730.70"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="288.45"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Amy Carr
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2014

Transaction ID : SA11AI.13717

Amount of Each Receipt this Period
19.23

B. Amy Carr
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2014

Transaction ID : SA11AI.13925

Amount of Each Receipt this Period
19.23

C. Amy Carr
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2014

Transaction ID : SA11AI.14129

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christine K. Cashen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13718

Amount of Each Receipt this Period
19.23

B. Christine K. Cashen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13926

Amount of Each Receipt this Period
19.23

C. Christine K. Cashen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14130

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Robert A. Champagne		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13820
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) B. Robert A. Champagne		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14028
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) C. Robert A. Champagne		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14231
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Donna M. Chapman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13719

Amount of Each Receipt this Period
19.23

B. Donna M. Chapman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13927

Amount of Each Receipt this Period
19.23

C. Donna M. Chapman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14131

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Seunghyun Choi		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13928
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="211.53"/>	

Full Name (Last, First, Middle Initial) B. Seunghyun Choi		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14132
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) C. Patricia Ciampa		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13721
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Patricia Ciampa
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13929

Amount of Each Receipt this Period

19.23

B. Patricia Ciampa
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14133

Amount of Each Receipt this Period

19.23

C. Sue E. Clements
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13722

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Sue E. Clements
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13930
Amount of Each Receipt this Period 19.23

B. Sue E. Clements
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14134
Amount of Each Receipt this Period 19.23

C. Christina Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 14703 Tudor Chase Dr
City Tampa State FL Zip Code 33626
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans Occupation VP, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13822
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christina Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 14703 Tudor Chase Dr
City Tampa State FL Zip Code 33626
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans Occupation VP, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14030
Amount of Each Receipt this Period 38.46

B. Ann C. Cox
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13823
Amount of Each Receipt this Period 38.46

C. Ann C. Cox
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14031
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Ann C. Cox
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14233

Amount of Each Receipt this Period
38.46

B. Justin R. Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13824

Amount of Each Receipt this Period
38.46

C. Justin R. Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14032

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Justin R. Cramer
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **692.28**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14234
Amount of Each Receipt this Period **38.46**

B. Daniel Cup Choy
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **211.53**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14135
Amount of Each Receipt this Period **19.23**

C. David Cure
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1538.40**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13867
Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional)..... **153.84**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. David Cure
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14075

Amount of Each Receipt this Period
96.15

B. David Cure
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14279

Amount of Each Receipt this Period
96.15

C. Lisa R. Darley
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13724

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Lisa R. Darley			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.13932
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 326.91	
Name of Employer WellCare		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lisa R. Darley			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14136
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 346.14	
Name of Employer WellCare		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William W. Davies			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13868
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1538.40	
Name of Employer WellCare Health Plans, Inc.		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. William W. Davies
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14076

Amount of Each Receipt this Period
96.15

B. William W. Davies
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14280

Amount of Each Receipt this Period
96.15

C. Natalie D. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13725

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Natalie D. Davis
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13933

Amount of Each Receipt this Period

19.23

B. Natalie D. Davis
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14137

Amount of Each Receipt this Period

19.23

C. Christopher C. Dawes
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13825

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christopher C. Dawes
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14033
 Amount of Each Receipt this Period
 38.46

B. Christopher C. Dawes
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14235
 Amount of Each Receipt this Period
 38.46

C. Valerie DeBoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.44

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13815
 Amount of Each Receipt this Period
 28.84

SUBTOTAL of Receipts This Page (optional).....▶	105.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Valerie DeBoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.28

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14023
 Amount of Each Receipt this Period 28.84

B. Valerie DeBoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14226
 Amount of Each Receipt this Period 28.84

C. Catherine M. DeMaso
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13726
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.91
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Catherine M. DeMaso
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13934
 Amount of Each Receipt this Period 19.23

B. Catherine M. DeMaso
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14138
 Amount of Each Receipt this Period 19.23

C. Desiree Demonbreun
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13727
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Desiree Demonbreun
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13935
 Amount of Each Receipt this Period
 19.23

B. Desiree Demonbreun
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14139
 Amount of Each Receipt this Period
 19.23

C. David W. Deweese
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13728
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. David W. Deweese		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13936
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) B. David W. Deweese		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14140
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) C. Grace Diaz		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="615.36"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Grace Diaz
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14034
Amount of Each Receipt this Period 38.46

B. Grace Diaz
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14236
Amount of Each Receipt this Period 38.46

C. Lisa V. Downey
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13827
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Lisa V. Downey		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.14035
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) B. Lisa V. Downey		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14237
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	

Full Name (Last, First, Middle Initial) C. Karen Driskill		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13828
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Karen Driskill
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14036

Amount of Each Receipt this Period
38.46

B. Karen Driskill
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14238

Amount of Each Receipt this Period
38.46

C. Michael Easterday
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13729

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... **96.15**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael Easterday
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13937
 Amount of Each Receipt this Period 19.23

B. Michael Easterday
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14141
 Amount of Each Receipt this Period 19.23

C. Lisa M. Eilers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13730
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Lisa M. Eilers			Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.13938
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 326.91	
Name of Employer WellCare Health Plans, Inc.		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lisa M. Eilers			Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14142
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 346.14	
Name of Employer WellCare Health Plans, Inc.		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Carolyn M. Enzinna			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13731
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 307.68	
Name of Employer WellCare		Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Carolyn M. Enzinna
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13939

Amount of Each Receipt this Period
19.23

B. Carolyn M. Enzinna
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14143

Amount of Each Receipt this Period
19.23

C. Hector L. Feliciano
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13732

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... **57.69**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Hector L. Feliciano		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) B. Hector L. Feliciano		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) C. Traci L. Ferguson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13733
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Traci L. Ferguson		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.13941
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) B. Traci L. Ferguson		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14145
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. Ryan B. Fogarty		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13810
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 20.83
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

SUBTOTAL of Receipts This Page (optional).....▶	59.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Ryan B. Fogarty
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14018
Amount of Each Receipt this Period 20.83

B. Ryan B. Fogarty
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 374.94

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14221
Amount of Each Receipt this Period 20.83

C. Dalvin Ford
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13811
Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Dalvin Ford
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14019

Amount of Each Receipt this Period

20.83

B. Dalvin Ford
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14222

Amount of Each Receipt this Period

20.83

C. Vincent L. Frakes
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13829

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	80.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Vincent L. Frakes
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14037

Amount of Each Receipt this Period
38.46

B. Vincent L. Frakes
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14239

Amount of Each Receipt this Period
38.46

C. Paul H. Frank
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13734

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Paul H. Frank		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.13942
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) B. Paul H. Frank		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14146
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. Dana French		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13830
Mailing Address 8735 Henderson Avenue		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Dana French
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Avenue

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14038

Amount of Each Receipt this Period
38.46

B. Dana French
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Avenue

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14240

Amount of Each Receipt this Period
38.46

C. David J. Gallitano
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2374.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13900

Amount of Each Receipt this Period
259.38

SUBTOTAL of Receipts This Page (optional).....▶	336.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. David J. Gallitano
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2566.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14102

Amount of Each Receipt this Period
 192.30

B. David J. Gallitano
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2759.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14306

Amount of Each Receipt this Period
 192.30

C. Michael A. Gerasimovich
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13735

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 403.83

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Michael A. Gerasimovich			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.13943			M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		1	5		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>3</td> </tr> </table>			1	9	.	2	3															
1	9	.	2	3																					
City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
Name of Employer WellCare Health Plans, Inc.		Occupation health care																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>2</td><td>6</td><td>.</td><td>9</td><td>1</td> </tr> </table>				3	2	6	.	9	1														
3	2	6	.	9	1																				

Full Name (Last, First, Middle Initial) B. Michael A. Gerasimovich			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.14147			M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		2	9		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>3</td> </tr> </table>			1	9	.	2	3															
1	9	.	2	3																					
City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
Name of Employer WellCare Health Plans, Inc.		Occupation health care																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>4</td><td>6</td><td>.</td><td>1</td><td>4</td> </tr> </table>				3	4	6	.	1	4														
3	4	6	.	1	4																				

Full Name (Last, First, Middle Initial) C. Louis Gianquinto, Jr.			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.13869			M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		0	1		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>9</td><td>6</td><td>.</td><td>1</td><td>5</td> </tr> </table>			9	6	.	1	5															
9	6	.	1	5																					
City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
Name of Employer WellCare Health Plans, Inc.		Occupation health care																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>9</td><td>6</td><td>1</td><td>.</td><td>5</td><td>0</td> </tr> </table>				9	6	1	.	5	0														
9	6	1	.	5	0																				

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1</td><td>3</td><td>4</td><td>.</td><td>6</td><td>1</td> </tr> </table>	1	3	4	.	6	1
1	3	4	.	6	1		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Louis Gianquinto, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14077
 Amount of Each Receipt this Period 96.15

B. Louis Gianquinto, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14281
 Amount of Each Receipt this Period 96.15

C. Elizabeth Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13870
 Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Elizabeth Goodman
 Full Name (Last, First, Middle Initial)
 Elizabeth Goodman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14078
 Amount of Each Receipt this Period 96.15

B. Elizabeth Goodman
 Full Name (Last, First, Middle Initial)
 Elizabeth Goodman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14282
 Amount of Each Receipt this Period 96.15

C. Patricia B. Guay
 Full Name (Last, First, Middle Initial)
 Patricia B. Guay
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13831
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Patricia B. Guay
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14039
 Amount of Each Receipt this Period
 38.46

B. Patricia B. Guay
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14241
 Amount of Each Receipt this Period
 38.46

C. Michael Haber
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13871
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael Haber
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14079

Amount of Each Receipt this Period
96.15

B. Michael Haber
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14283

Amount of Each Receipt this Period
96.15

C. Gregg Haddad
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13872

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Gregg Haddad		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14080
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1634.55"/>	

Full Name (Last, First, Middle Initial) B. Gregg Haddad		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14284
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1730.70"/>	

Full Name (Last, First, Middle Initial) C. Marcia B. Halbert		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13736
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="211.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Marcia B. Halbert

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
08 / 15 / 2014
Transaction ID : SA11AI.13944

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Marcia B. Halbert

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
08 / 29 / 2014
Transaction ID : SA11AI.14148

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Nicole Hall

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
08 / 01 / 2014
Transaction ID : SA11AI.13737

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Nicole Hall
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13945

Amount of Each Receipt this Period
19.23

B. Nicole Hall
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14149

Amount of Each Receipt this Period
19.23

C. Robin Hamel
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13832

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.92**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Robin Hamel
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14040

Amount of Each Receipt this Period
38.46

B. Robin Hamel
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14244

Amount of Each Receipt this Period
38.46

C. Camille C. Hamid
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13738

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Camille C. Hamid		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13946
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) B. Camille C. Hamid		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) C. Cindy L. Hankin		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Cindy L. Hankin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13947
 Amount of Each Receipt this Period
 19.23

B. Cindy L. Hankin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14151
 Amount of Each Receipt this Period
 19.23

C. Richard M. Hanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 878.16

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13833
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Richard M. Hanks
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **916.62**

Date of Receipt **08 / 15 / 2014**

Transaction ID : SA11AI.14041

Amount of Each Receipt this Period **38.46**

B. Richard M. Hanks
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **955.08**

Date of Receipt **08 / 29 / 2014**

Transaction ID : SA11AI.14245

Amount of Each Receipt this Period **38.46**

C. Merrill J. Hausenfluck
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 01 / 2014**

Transaction ID : SA11AI.13834

Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Merrill J. Hausenfluck
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14042
 Amount of Each Receipt this Period 38.46

B. Merrill J. Hausenfluck
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14246
 Amount of Each Receipt this Period 38.46

C. Christine M. Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13740
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.15
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christine M. Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13948

Amount of Each Receipt this Period
19.23

B. Christine M. Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14152

Amount of Each Receipt this Period
19.23

C. Maurice Hebert
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13873

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.61**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Maurice Hebert
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14081

Amount of Each Receipt this Period
96.15

B. Maurice Hebert
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14285

Amount of Each Receipt this Period
96.15

C. Lisa Hershiser
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13835

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lisa Hershiser
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14043

Amount of Each Receipt this Period

38.46

B. Lisa Hershiser
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14247

Amount of Each Receipt this Period

38.46

C. Troy Hildreth
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13836

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Troy Hildreth		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14044
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="653.82"/>	

Full Name (Last, First, Middle Initial) B. Troy Hildreth		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14248
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="692.28"/>	

Full Name (Last, First, Middle Initial) C. Tanya Hillary		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13741
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.15"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Tanya Hillary
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13949

Amount of Each Receipt this Period
19.23

B. Tanya Hillary
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14153

Amount of Each Receipt this Period
19.23

C. Robert L. Hilliard
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13874

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Robert L. Hilliard
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14082

Amount of Each Receipt this Period
 96.15

B. Robert L. Hilliard
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14286

Amount of Each Receipt this Period
 96.15

C. Bruce P. Himmelstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13742

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Bruce P. Himmelstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13950

Amount of Each Receipt this Period
19.23

B. Bruce P. Himmelstein
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14154

Amount of Each Receipt this Period
19.23

C. William Hinsdale
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13837

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. William Hinsdale

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14045

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. William Hinsdale

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14249

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. John J. Hofstetter

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13743

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **96.15**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. John J. Hofstetter		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.13951
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) B. John J. Hofstetter		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14155
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. Marla P. Holcomb		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13875
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Marla P. Holcomb
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14083

Amount of Each Receipt this Period
96.15

B. Marla P. Holcomb
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14287

Amount of Each Receipt this Period
96.15

C. Christopher H. Horan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13744

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Christopher H. Horan		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.13952
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) B. Christopher H. Horan		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14156
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) C. Laura Hungiville		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13876
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Laura Hungiville		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.14084
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1634.55	

Full Name (Last, First, Middle Initial) B. Laura Hungiville		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14288
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1730.70	

Full Name (Last, First, Middle Initial) C. David Hurter		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13745
Mailing Address 901 N. Hemlock Lane		Amount of Each Receipt this Period 19.23
City Mount Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. David Hurter
Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Hemlock Lane

City Mount Prospect State IL Zip Code 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13953

Amount of Each Receipt this Period
19.23

B. David Hurter
Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Hemlock Lane

City Mount Prospect State IL Zip Code 60056

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14157

Amount of Each Receipt this Period
19.23

C. Marlene Hyman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13954

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Marlene Hyman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14158

Amount of Each Receipt this Period
19.23

B. Lisa G. Iglesias
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13896

Amount of Each Receipt this Period
192.30

C. Lisa G. Iglesias
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3269.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14103

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional).....▶	403.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lisa G. Iglesias
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14307
Amount of Each Receipt this Period 192.30

B. Jason Inman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13747
Amount of Each Receipt this Period 19.23

C. Jason Inman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13955
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Jason Inman		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14159
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 92.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Meghan A. Izzo		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13838
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) C. Meghan A. Izzo		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14046
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Meghan A. Izzo
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14250

Amount of Each Receipt this Period
38.46

B. Goran Jankovic
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13839

Amount of Each Receipt this Period
38.46

C. Goran Jankovic
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14047

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Goran Jankovic		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14251
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	

Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13877
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

Full Name (Last, First, Middle Initial) C. Hermilo O. Jazmines		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14085
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1634.55	

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Hermilo O. Jazmines
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14289
 Amount of Each Receipt this Period 96.15

B. Retina R. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14160
 Amount of Each Receipt this Period 19.23

C. Walter C. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13840
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.84
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Walter C. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14048

Amount of Each Receipt this Period
38.46

B. Walter C. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14252

Amount of Each Receipt this Period
38.46

C. Anthony J. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13749

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Anthony J. Jones

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
08 / 15 / 2014

Transaction ID : SA11AI.13957

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
08 / 01 / 2014

Transaction ID : SA11AI.13750

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
08 / 15 / 2014

Transaction ID : SA11AI.13958

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 189
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Jacqueline M. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14161
Amount of Each Receipt this Period 19.23

B. Laura A. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13841
Amount of Each Receipt this Period 38.46

C. Laura A. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14049
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.15
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 189
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Laura A. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
08 / 29 / 2014

Transaction ID : SA11AI.14253

Amount of Each Receipt this Period
38.46

B. Stephen Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
08 / 01 / 2014

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period
96.15

C. Stephen Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
08 / 15 / 2014

Transaction ID : SA11AI.14086

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Stephen Jones

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1730.70

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14290

Amount of Each Receipt this Period
 96.15

Full Name (Last, First, Middle Initial)
B. Stephanie R. Kelley

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13751

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. Stephanie R. Kelley

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13959

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Stephanie R. Kelley

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14162

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Paul Kensicki

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13879

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Paul Kensicki

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14087

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Paul Kensicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14291
 Amount of Each Receipt this Period 96.15

B. Janet H. Kimbrough
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13960
 Amount of Each Receipt this Period 19.23

C. Janet H. Kimbrough
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14163
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Thomas M. Kincaid		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>01</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08	/	01	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
08	/	01	/	2014								
Mailing Address 8735 Henderson Road		Transaction ID : SA11AI.13812										
City Tampa	State FL	Zip Code 33634										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83										
Name of Employer Wellcare Health Plans, Inc.	Occupation health care											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28											

Full Name (Last, First, Middle Initial) B. Thomas M. Kincaid		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>15</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08	/	15	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
08	/	15	/	2014								
Mailing Address 8735 Henderson Road		Transaction ID : SA11AI.14020										
City Tampa	State FL	Zip Code 33634										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83										
Name of Employer Wellcare Health Plans, Inc.	Occupation health care											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 354.11											

Full Name (Last, First, Middle Initial) C. Thomas M. Kincaid		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>29</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08	/	29	/	2014
M M M	/	D D D	/	Y Y Y Y Y								
08	/	29	/	2014								
Mailing Address 8735 Henderson Road		Transaction ID : SA11AI.14223										
City Tampa	State FL	Zip Code 33634										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83										
Name of Employer Wellcare Health Plans, Inc.	Occupation health care											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94											

SUBTOTAL of Receipts This Page (optional).....▶	62.49
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Sharon L. King		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13753
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) B. Sharon L. King		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13961
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) C. Sharon L. King		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14164
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Nancy A. Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13754
 Amount of Each Receipt this Period
 19.23

B. Nancy A. Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13962
 Amount of Each Receipt this Period
 19.23

C. Nancy A. Kirby
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14165
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. John J. Kirchner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13880

Amount of Each Receipt this Period
96.15

B. John J. Kirchner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14088

Amount of Each Receipt this Period
96.15

C. John J. Kirchner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14292

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Stephan Korda

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13755

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Stephan Korda

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13963

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Stephan Korda

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14166

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Roman T. Kulich
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13881
Amount of Each Receipt this Period 96.15

B. Roman T. Kulich
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14089
Amount of Each Receipt this Period 96.15

C. Roman T. Kulich
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14293
Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13882

Amount of Each Receipt this Period
96.15

B. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14090

Amount of Each Receipt this Period
96.15

C. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14294

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 189
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Miriam M. Lederer		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13964
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="211.53"/>	

Full Name (Last, First, Middle Initial) B. Miriam M. Lederer		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14167
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) C. Letty M. Lian-Segawa		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13757
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 189
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Letty M. Lian-Segawa
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13965
Amount of Each Receipt this Period 19.23

B. Letty M. Lian-Segawa
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14168
Amount of Each Receipt this Period 19.23

C. Robert S. London
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.13966
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Robert S. London		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14169
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.76"/>	

Full Name (Last, First, Middle Initial) B. Luke C. Lovgren		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13759
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) C. Luke C. Lovgren		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13967
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 189
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Luke C. Lovgren		Date of Receipt 08 / 29 / 2014 Transaction ID : SA11AI.14170
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor		Date of Receipt 08 / 01 / 2014 Transaction ID : SA11AI.13883
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

Full Name (Last, First, Middle Initial) C. Pam A. Lyons-Taylor		Date of Receipt 08 / 15 / 2014 Transaction ID : SA11AI.14091
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1634.55	

SUBTOTAL of Receipts This Page (optional).....▶	211.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 189
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Pam A. Lyons-Taylor		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14295
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Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
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Full Name (Last, First, Middle Initial) B. Brock R. Manz		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13760
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) C. Brock R. Manz		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13968
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.61"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 189
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Brock R. Manz		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14171
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) B. Angela Marks		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14172
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="211.53"/>	

Full Name (Last, First, Middle Initial) C. Joanna M. Maslanka		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13762
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
08 / 15 / 2014
Transaction ID : SA11AI.13970

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
08 / 29 / 2014
Transaction ID : SA11AI.14173

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Carole A. Matyas

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
08 / 01 / 2014
Transaction ID : SA11AI.13884

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **134.61**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 189
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Carole A. Matyas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.14092
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="96.15"/>
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1634.55"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carole A. Matyas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.14296
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="96.15"/>
Name of Employer	Occupation	
Wellcare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1730.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Faustino Mayo		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.13763
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="307.68"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="211.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Faustino Mayo

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13971

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Faustino Mayo

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14174

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Ray McComb

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13842

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.92**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Ray McComb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14050

Amount of Each Receipt this Period

38.46

B. Ray McComb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14254

Amount of Each Receipt this Period

38.46

C. Leslie D. McKenzie
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13813

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional).....▶	97.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Leslie D. McKenzie
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14021

Amount of Each Receipt this Period
20.83

B. Leslie D. McKenzie
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14224

Amount of Each Receipt this Period
20.83

C. Sarah Helene McKinnie
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13764

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... **60.89**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Sarah Helene McKinnie
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13972

Amount of Each Receipt this Period

19.23

B. Sarah Helene McKinnie
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14175

Amount of Each Receipt this Period

19.23

C. Elizabeth M. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13765

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Elizabeth M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13973
 Amount of Each Receipt this Period
 19.23

B. Elizabeth M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14176
 Amount of Each Receipt this Period
 19.23

C. Eufemia E. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13766
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Eufemia E. Mitchell		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13974
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="326.91"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Eufemia E. Mitchell		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14177
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.14"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Wendy A. Morriarty		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13885
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="96.15"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1538.40"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.61"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Wendy A. Morriarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14093
 Amount of Each Receipt this Period
 96.15

B. Wendy A. Morriarty
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14297
 Amount of Each Receipt this Period
 96.15

C. Timothy M. Mullen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13767
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.53
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Timothy M. Mullen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13975

Amount of Each Receipt this Period
19.23

B. Timothy M. Mullen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14178

Amount of Each Receipt this Period
19.23

C. Kathleen Mulqueen
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13768

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Kathleen Mulqueen		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13976
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) B. Kathleen Mulqueen		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14179
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) C. Kelly A. Munson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13769
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Kelly A. Munson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13977
 Amount of Each Receipt this Period
 19.23

B. Kelly A. Munson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14180
 Amount of Each Receipt this Period
 19.23

C. Gina Newberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13843
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Gina Newberry
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14051

Amount of Each Receipt this Period

38.46

B. Gina Newberry
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14255

Amount of Each Receipt this Period

38.46

C. Sharon Nisbet
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13886

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14094
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1634.55"/>	

Full Name (Last, First, Middle Initial) B. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14298
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1730.70"/>	

Full Name (Last, First, Middle Initial) C. Michael J. Orlosky		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13844
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="615.36"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="230.76"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael J. Orlosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14052
 Amount of Each Receipt this Period 38.46

B. Michael J. Orlosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14256
 Amount of Each Receipt this Period 38.46

C. Carole Ouimet
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13770
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.15
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Carole Ouimet
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13978
 Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
B. Carole Ouimet
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14181
 Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. Nino A. Palermo
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14182
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christopher T. Parrillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13887
 Amount of Each Receipt this Period
 96.15

B. Christopher T. Parrillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14095
 Amount of Each Receipt this Period
 96.15

C. Christopher T. Parrillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14299
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Mark H. Pfof		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14183
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="211.53"/>	

Full Name (Last, First, Middle Initial) B. Michael R. Polen		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13897
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3076.80"/>	

Full Name (Last, First, Middle Initial) C. Michael R. Polen		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14104
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3269.10"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="403.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Michael R. Polen

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3461.40**

Date of Receipt
08 / 29 / 2014
Transaction ID : SA11AI.14308

Amount of Each Receipt this Period
192.30

Full Name (Last, First, Middle Initial)
B. William A. Prince

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
08 / 01 / 2014
Transaction ID : SA11AI.13773

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. William A. Prince

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
08 / 15 / 2014
Transaction ID : SA11AI.13981

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.76**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. William A. Prince
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14184
Amount of Each Receipt this Period **19.23**

B. Jayme Anelalani Puu
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13845
Amount of Each Receipt this Period **38.46**

C. Jayme Anelalani Puu
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **653.82**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14053
Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional)..... **96.15**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Jayme Anelalani Puu		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14257
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="692.28"/>		

Full Name (Last, First, Middle Initial) B. Jeffrey S. Ray		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13859
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="666.56"/>		

Full Name (Last, First, Middle Initial) C. Jeffrey S. Ray		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14068
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="708.22"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="121.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Jeffrey S. Ray		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14272
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 41.66
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.88	

Full Name (Last, First, Middle Initial) B. Anne E. Read		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13774
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

Full Name (Last, First, Middle Initial) C. Anne E. Read		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.13982
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts This Page (optional).....▶	80.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Anne E. Read
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14185

Amount of Each Receipt this Period
92.23

B. Karen L. Reine
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13846

Amount of Each Receipt this Period
38.46

C. Karen L. Reine
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14054

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Karen L. Reine		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14258
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) B. David T. Reynolds		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13775
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) C. David T. Reynolds		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13983
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="326.91"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. David T. Reynolds

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14186

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13776

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13984

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Wendy J. Reynolds

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
08 / 29 / 2014
Transaction ID : SA11AI.14187

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
08 / 01 / 2014
Transaction ID : SA11AI.13847

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
08 / 15 / 2014
Transaction ID : SA11AI.14055

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **96.15**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael L. Ridenour
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14259

Amount of Each Receipt this Period
38.46

B. James Rodgers
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33636

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13848

Amount of Each Receipt this Period
38.46

C. James Rodgers
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33636

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14056

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. James Rodgers
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33636
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14260

Amount of Each Receipt this Period

38.46

B. Remedios Rodriguez
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13777

Amount of Each Receipt this Period

19.23

C. Remedios Rodriguez
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13985

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Remedios Rodriguez		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14188
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) B. Lauralie M. Rubel		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13888
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1538.40"/>	

Full Name (Last, First, Middle Initial) C. Lauralie M. Rubel		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14096
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1634.55"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="211.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lauralie M. Rubel
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14300

Amount of Each Receipt this Period
96.15

B. Rachael R. Rudd
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13849

Amount of Each Receipt this Period
38.46

C. Rachael R. Rudd
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14057

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	173.07
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Rachael R. Rudd
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14261
Amount of Each Receipt this Period **38.46**

B. Christine Ruediger
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **615.36**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13850
Amount of Each Receipt this Period **38.46**

C. Christine Ruediger
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **653.82**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14058
Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional)..... **115.38**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christine Ruediger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14262

Amount of Each Receipt this Period
38.46

B. Phyllis J. Ruska
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13778

Amount of Each Receipt this Period
19.23

C. Phyllis J. Ruska
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13986

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.92**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14189

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Patricia A. Russell

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13779

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Patricia A. Russell

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13987

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Patricia A. Russell
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **346.14**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14190
Amount of Each Receipt this Period **19.23**

B. Abby Dritz Salzer
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13851
Amount of Each Receipt this Period **38.46**

C. Abby Dritz Salzer
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **499.98**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14059
Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional)..... **96.15**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Abby Dritz Salzer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14263

Amount of Each Receipt this Period
38.46

B. Tracy M. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13814

Amount of Each Receipt this Period
20.83

C. Tracy M. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14022

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.12**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14225

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
B. Cynthia Scollins

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13988

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Cynthia Scollins

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14191

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **59.29**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. George D. Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13781

Amount of Each Receipt this Period
 19.23

B. George D. Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13989

Amount of Each Receipt this Period
 19.23

C. George D. Shafer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14192

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Elliott A. Shaw, Jr.		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13863
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 50.00
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Elliott A. Shaw, Jr.		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14071
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 50.00
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) C. Elliott A. Shaw, Jr.		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14275
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 50.00
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Randall Simmons		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13782
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="307.68"/>		

Full Name (Last, First, Middle Initial) B. Randall Simmons		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.13990
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="326.91"/>		

Full Name (Last, First, Middle Initial) C. Randall Simmons		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14193
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="346.14"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Lawrence R. Smart		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13783
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) B. Lawrence R. Smart		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13991
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) C. Lawrence R. Smart		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14194
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13889

Amount of Each Receipt this Period
 96.15

B. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1634.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14097

Amount of Each Receipt this Period
 96.15

C. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14301

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 150 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Philip G. Stalas
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **307.68**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13784
Amount of Each Receipt this Period **19.23**

B. Philip G. Stalas
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.13992
Amount of Each Receipt this Period **19.23**

C. Philip G. Stalas
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **346.14**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14195
Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional)..... **57.69**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Carol H. Steckel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13852
 Amount of Each Receipt this Period
 38.46

B. Carol H. Steckel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14060
 Amount of Each Receipt this Period
 38.46

C. Carol H. Steckel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14264
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Wesley K. Stiger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13785

Amount of Each Receipt this Period
19.23

B. Wesley K. Stiger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13993

Amount of Each Receipt this Period
19.23

C. Wesley K. Stiger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14196

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Derek A. Stratman		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13853
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="615.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Derek A. Stratman		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14061
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="653.82"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Derek A. Stratman		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14265
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="692.28"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christopher P. Surrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1538.40**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13890
 Amount of Each Receipt this Period **96.15**

B. Christopher P. Surrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1634.55**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14098
 Amount of Each Receipt this Period **96.15**

C. Christopher P. Surrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1730.70**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14302
 Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional).....	288.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Paulette Sutton
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13786

Amount of Each Receipt this Period
19.23

B. Paulette Sutton
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.13994

Amount of Each Receipt this Period
19.23

C. Paulette Sutton
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14197

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13787

Amount of Each Receipt this Period
 19.23

B. Michael P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13995

Amount of Each Receipt this Period
 19.23

C. Michael P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14198

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Shunae E. Thomas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13788
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="307.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shunae E. Thomas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13996
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="326.91"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shunae E. Thomas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14199
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.14"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Cynthia Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13854

Amount of Each Receipt this Period

38.46

B. Cynthia Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14062

Amount of Each Receipt this Period

38.46

C. Cynthia Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14266

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Blair Todt		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13898
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2307.60	

Full Name (Last, First, Middle Initial) B. Blair Todt		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14105
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name (Last, First, Middle Initial) C. Blair Todt		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14309
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20	

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Mary Jane Toomey

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 207.54

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14120

Amount of Each Receipt this Period
 11.53

Full Name (Last, First, Middle Initial)
B. Thomas Tran

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3076.80

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13899

Amount of Each Receipt this Period
 192.30

Full Name (Last, First, Middle Initial)
C. Thomas Tran

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3269.10

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14106

Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 396.13

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Thomas Tran

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3461.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14310

Amount of Each Receipt this Period
192.30

Full Name (Last, First, Middle Initial)
B. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13789

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.13997

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.76**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Anthony J. Valdes
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14200

Amount of Each Receipt this Period
92.23

B. Lisa VanSteelant
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13855

Amount of Each Receipt this Period
38.46

C. Lisa VanSteelant
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14063

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Lisa VanSteelant
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14267
 Amount of Each Receipt this Period 38.46

B. Steven A. Vetrano
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14064
 Amount of Each Receipt this Period 38.46

C. Steven A. Vetrano
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14268
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Leonel Viel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13790
 Amount of Each Receipt this Period
 19.23

B. Leonel Viel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.13998
 Amount of Each Receipt this Period
 19.23

C. Leonel Viel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14201
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Karen J. Viera

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13791

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Karen J. Viera

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.13999

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Karen J. Viera

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14202

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Timothy R. Waggoner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **08 / 01 / 2014**

Transaction ID : SA11AI.13792

Amount of Each Receipt this Period **19.23**

B. Timothy R. Waggoner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 15 / 2014**

Transaction ID : SA11AI.14000

Amount of Each Receipt this Period **19.23**

C. Timothy R. Waggoner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **08 / 29 / 2014**

Transaction ID : SA11AI.14203

Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Ballard P. Walden
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 08 / 01 / 2014
Transaction ID : SA11AI.13793
 Amount of Each Receipt this Period
 19.23

B. Ballard P. Walden
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 08 / 15 / 2014
Transaction ID : SA11AI.14001
 Amount of Each Receipt this Period
 19.23

C. Ballard P. Walden
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 29 / 2014
Transaction ID : SA11AI.14204
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Crystal W. Walker		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13794
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) B. Crystal W. Walker		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14002
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="326.91"/>	

Full Name (Last, First, Middle Initial) C. Crystal W. Walker		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.14205
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.14"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Ed Wang
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.13861

Amount of Each Receipt this Period

41.66

B. Ed Wang
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **708.22**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : SA11AI.14069

Amount of Each Receipt this Period

41.66

C. Ed Wang
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **749.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.14273

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional).....▶	124.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Kathy C. Warner		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13795
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

Full Name (Last, First, Middle Initial) B. Kathy C. Warner		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14003
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) C. Kathy C. Warner		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14206
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. William K. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13858

Amount of Each Receipt this Period
40.00

B. William K. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14067

Amount of Each Receipt this Period
40.00

C. William K. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14271

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Teddy J. Webster
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13856

Amount of Each Receipt this Period
38.46

B. Teddy J. Webster
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14065

Amount of Each Receipt this Period
38.46

C. Teddy J. Webster
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14269

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.38**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Stephen G. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13796

Amount of Each Receipt this Period
 19.23

B. Stephen G. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14004

Amount of Each Receipt this Period
 19.23

C. Stephen G. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14207

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael P. Wellman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14208

Amount of Each Receipt this Period
 19.23

B. Richard A. Wellons
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13798

Amount of Each Receipt this Period
 19.23

C. Richard A. Wellons
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14006

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 175 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Richard A. Wellons
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14209

Amount of Each Receipt this Period
19.23

B. Randolph S. Wojnarowicz
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13799

Amount of Each Receipt this Period
19.23

C. Randolph S. Wojnarowicz
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14007

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Randolph S. Wojnarowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 29 / 2014
Transaction ID : SA11AI.14210
 Amount of Each Receipt this Period 19.23

B. Chang Xie
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 01 / 2014
Transaction ID : SA11AI.13800
 Amount of Each Receipt this Period 19.23

C. Chang Xie
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 15 / 2014
Transaction ID : SA11AI.14008
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 189
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Chang Xie		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14211
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) B. Shaojuan Xie		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="307.68"/>	

Full Name (Last, First, Middle Initial) C. Shaojuan Xie		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14009
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="326.91"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Shaojuan Xie

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.14212

Amount of Each Receipt this Period
92.23

Full Name (Last, First, Middle Initial)
B. Yan Xiong

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.13892

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Yan Xiong

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SA11AI.14099

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **211.53**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Yan Xiong
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1730.70**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14303
Amount of Each Receipt this Period **96.15**

B. Kristy Yarcho
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **307.68**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13802
Amount of Each Receipt this Period **19.23**

C. Kristy Yarcho
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Wellcare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14010
Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional)..... **134.61**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Kristy Yarcho		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14213
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Mary Virginia Yates		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.13803
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

Full Name (Last, First, Middle Initial) C. Mary Virginia Yates		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14011
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Mary Virginia Yates
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14214
 Amount of Each Receipt this Period
 19.23

B. Yin Yiu
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13804
 Amount of Each Receipt this Period
 19.23

C. Yin Yiu
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14012
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Yin Yiu
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **346.14**

Date of Receipt **08 / 29 / 2014**
Transaction ID : SA11AI.14215
Amount of Each Receipt this Period **19.23**

B. Belinda Young
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **307.68**

Date of Receipt **08 / 01 / 2014**
Transaction ID : SA11AI.13805
Amount of Each Receipt this Period **19.23**

C. Belinda Young
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 15 / 2014**
Transaction ID : SA11AI.14013
Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional)..... **57.69**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Belinda Young		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) B. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.13893
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1538.40"/>	

Full Name (Last, First, Middle Initial) C. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14100
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1634.55"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="211.53"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 184 OF 189
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael Carl Yount
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1730.70**

Date of Receipt **08 / 29 / 2014**

Transaction ID : SA11AI.14304

Amount of Each Receipt this Period **96.15**

B. Annette L. Zerbe
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **08 / 01 / 2014**

Transaction ID : SA11AI.13806

Amount of Each Receipt this Period **19.23**

C. Annette L. Zerbe
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 15 / 2014**

Transaction ID : SA11AI.14014

Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional).....▶	134.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Annette L. Zerbe		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14217
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name (Last, First, Middle Initial) B. Le Zheng		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : SA11AI.14015
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) C. Le Zheng		Date of Receipt MM / DD / YYYY 08 / 29 / 2014 Transaction ID : SA11AI.14218
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 189
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Carlene C. Zincke
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : SA11AI.13857

Amount of Each Receipt this Period
38.46

B. Carlene C. Zincke
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : SA11AI.14066

Amount of Each Receipt this Period
38.46

C. Carlene C. Zincke
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014
Transaction ID : SA11AI.14270

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 189
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Scott R. Zinna			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.13808			M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		0	1		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>3</td> </tr> </table>			1	9	.	2	3															
1	9	.	2	3																					
City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Wellcare Health Plans, Inc.		Occupation health care																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>0</td><td>7</td><td>.</td><td>6</td><td>8</td> </tr> </table>				3	0	7	.	6	8														
3	0	7	.	6	8																				

Full Name (Last, First, Middle Initial) B. Scott R. Zinna			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.14016			M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		1	5		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>3</td> </tr> </table>			1	9	.	2	3															
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City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
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3	2	6	.	9	1																				

Full Name (Last, First, Middle Initial) C. Scott R. Zinna			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>8</td><td>2</td><td></td> <td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.14219			M	M	/	D	D	/	Y	Y	Y	Y	0	8		8	2		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		8	2		2	0	1	4																
Mailing Address 8735 Henderson Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>9</td><td>.</td><td>2</td><td>3</td> </tr> </table>			1	9	.	2	3															
1	9	.	2	3																					
City Tampa	State FL	Zip Code 33634																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Wellcare Health Plans, Inc.		Occupation health care																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>3</td><td>4</td><td>6</td><td>.</td><td>1</td><td>4</td> </tr> </table>				3	4	6	.	1	4														
3	4	6	.	1	4																				

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>5</td><td>7</td><td>.</td><td>6</td><td>9</td> </tr> </table>	5	7	.	6	9			
5	7	.	6	9					
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td>2</td><td>3</td><td>3</td><td>5</td><td>1</td><td>.</td><td>4</td><td>4</td> </tr> </table>	2	3	3	5	1	.	4	4
2	3	3	5	1	.	4	4		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 220 1/2 E Street, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	4

Transaction ID : SB23.13901

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of John Barrow

Mailing Address P. O. Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement contribution

Candidate Name

John Barrow

Office Sought: House Senate President
State: GA District: 12

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : SB23.14316

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address P. O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement contribution

Candidate Name

John R. Lewis

Office Sought: House Senate President
State: GA District: 05

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : SB23.14314

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kentucky Senate Majority Trust Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Mailing Address P. O. Box 1068

Transaction ID : SB29.14315

City Frankfort State KY Zip Code 40602

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
non-federal contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

2500.00
